Illinois Department of Healthcare and Family Services
PCCM/DM Provider Network Subcommittee
Meeting Minutes for Sept 23, 2010

Attendees:

Margaret Kirkegaard, MD	AHS
Cari VonderHaar, RN	AHS
Octavia Mailey	AHS
Christine Cazeau	AHS
Michelle Maher	HFS
Vicky Hosey	HFS
Kathy Moles	HFS
Mary Miller	HFS
Amy Harris	HFS
Wendie Medina	HFS
Jim Parker	HFS
Debby Saunders	HFS
Kate McGovern	Loyola University
Kathleen Warnick	McKesson/YHP
Carrie Nelson, MD	McKesson/YHP
Caryn Jacobi	McKesson/YHP
Adair Galster	McKesson/YHP
Scott Allen	ICAAP
Wayne Franklin, MD	ICAAP
Paula Jaudes, MD	ICAAP
Rajesh Parikh, MD	IPHCA
Allison Thomas	Take Care Health
Mike Cotton, MD	Meridian Health Plan
Ben Schoen	Meridian Health Plan
Marie Lindsey	ISAPN
Ginnie Flynn	IAFP
Karen Fyalka	Litchfield FP
Pam Northrup	La Rabida
Lisa Weber	La Rabida
Brad Kupferberg	Children's Memorial Hospital
Mike Temporal, MD	SIHF
Pat Foss	Swedish American
Alaeda Pagan	Erie Family Health Care Center
Beth Volin, MD	Rush, ICAAP
Gerri Clark	DSCC
Nazi Khatib, MD	private practitioner
Adali Bilchis	Lake County HD
Jill Sproat	DHS, School-based clinics

Dr. Kirkegaard chaired the meeting. Introductions and roll call were performed.

Breast Cancer Screening

Dr. Kirkegaard opened the meeting by noting that October is Breast Cancer Awareness Month. She stated that HFS was including a notice to adult women with the monthly HFS card for October encouraging them to get a mammogram. Dr. Kirkegaard encouraged providers to assist women in getting this needed service and noted that less than half of women insured through HFS who meet national guidelines for mammography screening receive this service. She also noted that the IHC Panel Rosters listed the dates of the last mammogram for women ages 40 to 69 and would indicate that they were "due" for screening if no mammogram had been recorded in the last 2 years. She also emphasized that the rate of mammography was a bonus measure for IHC for 2008, 2009 and 2010. There was no additional discussion.

IHC Provider Profiles

Dr. Kirkegaard noted that the semi-annual IHC Provider Profiles for Fall 2010 had recently been generated and mailed to all providers at their clinical location. The current and previous Profiles are also posted on the IHC Provider Portal. She encouraged PCPs to review their Profiles and to contact their IHC QA Nurse for any follow-up questions or to strategize about possible QI options.

IHC PCP Survey

Dr. Kirkegaard shared the results of the 2010 PCP Survey with the Subcommittee. Wayne Franklin, MD, noted that access to specialty care was problematic and asked if HFS had plans to address the issue of "campus billing" which does not allow Children's Memorial to receive their "campus" reimbursement rate at their satellite facilities. Consequently, Children's Memorial will not allow children insured through HFS to be seen at those locations and this limits access to care. Jim Parker from HFS stated that the rules for this issue were in the process of being reviewed and likely modified. There was some additional discussion about the actual definitions of the rules compared to Medicare standards and Dr. Kirkegaard suggested that if additional input was needed to further clarify this issue, she could convene a smaller group to give input to HFS. There were no additional questions or concerns about the IHC Provider Survey.

Client Education

One of the issues that was noted in the IHC PCP Survey was the perception by PCPs that clients do not fully understand the IHC program and need more vigorous client education. Dr. Kirkegaard noted that the call center receives over 80,000 calls per month and that IHC staff use that opportunity to educate about the medical home model and emphasize the importance of using one's own medical home. Several ideas for improving client education in the medical home were proposed such as a tear-off pad (like a prescription pad) with IHC information for providers to use at their clinic locations, posters for the waiting room or brochures. Dr. Kirkegaard solicited feedback from the clinicians in the group. Beth Volin, MD, noted that any

"written info" would be good. Mike Temporal, MD, added that a "cheat sheet" for docs to have in their pockets and be able to list the salient features of IHC would be helpful. Kate McGovern agreed that anything in writing would be a step forward. Dr. Kirkegaard indicated that IHC is exploring various options and would likely undertake a small pilot with several volunteer PCP sites in order to get feedback about the utility of written client information. She noted that it was very difficult to measure the impact of such materials and that IHC did not want to invest resources in materials that would not be useful.

IHC Patient Termination Policies

Dr. Kirkegaard opened this discussion by noting that IHC did allow providers to terminate the provider-patient relationship according to the federal specifications outlined in the IHC PCP Handbook. She listed several common examples of valid reason for termination such as an outstanding balance that was derived from non-covered HFS charges, belligerent patient behavior, repetitive no-shows, and drug seeking or fraudulent behavior. She noted that the major issue for today's discussion was patients who had failed to engage in care at all with a practice. Many PCPs have patients who have either chosen the practice or been auto-assigned but had not actually sought care. Paula Jaudes, MD, noted that there were 200 patients on her Panel Roster who had not been seen in over 2 years which is beyond the HFS recommendations for well-child care. Adali Bilchis from Lake County HD noted that they were using their Panel Rosters for outreach to clients who were due for services and had contacted several clients who had indicated that they were getting care elsewhere. She stated that she encouraged them to change PCPs but that the patients had not made the effort to change PCPs. Marie Lindsay, NP, noted that for many patients, the phone line is disconnected and the mail is returned so there are no additional options for reaching clients. Dr. Carrie Nelson injected that if the patient qualifies for the Your Healthcare Plus Disease Management services that YHP will assist offices in locating the patients through their team of community health workers. Mike Temporal, MD, noted that there may be a difference between patients who had never been seen in their assigned PCP's office and patients who had not been seen anywhere at all. He noted that 20% of the patients on their rosters from SIHF had not been seen at their clinical locations. He proposed a "three strikes" rule where if the patient could not be located in three attempts, the patient could be removed from the roster. Dr. Kirkegaard asked about the consequences of just allowing the patients to remain on the Panel Roster. Dr. Temporal indicated that for some clinics, it may be an issue of space on the roster. Dr. Kirkegaard also asked if using some sort of calculation to remove patients who had not been seen in the medical home from the bonus payment calculations would be an adequate solution since in previous discussion several providers had complained that patients who failed to engage in care would dilute the potential bonus payments. Dr. Jaudes responded that it was really more of an ethical issue to have patients assigned to one as a PCP and not be able to engage them in care. Dr. Khatib noted that he has several patients on his Panel Roster who had moved out of the country and asked what the criteria were for maintaining ongoing eligibility with HFS. He proposed that IHC develop some sort of system that allows patients who have moved away to be unassigned and when they reappear in the system for care, then they can be reassigned. Dr. Kirkegaard did note that patients will lose eligibility at some point if they do not actively renew and that these eligibility policies were under review. Dr. Temporal also proposed that if the patient has indicated that

he or she is moving by requesting records in writing, that the patient would then be terminated from the Panel Roster. Dr. Kirkegaard agreed and stated that this had already been allowed. Dr. Temporal also noted that the Medicare definition of "new patient" was a patient who had not been seen by the provider in 3 years. Dr. Khatib noted that pediatric patients need to be seen more frequently and that a two-year interval was probably indicative that the patient was not longer engaged with that practice. Dr. Kirkegaard thanked the subcommittee for the informative discussion and noted that HFS was investigating some of the examples of patients who had failed to engage in care with their PCPs to determine if they were simply not getting care anywhere, had moved out of the state or were receiving care through another provider. After that information was available, Dr. Kirkegaard and HFS would work to develop a policy to address the issue of patients who fail to engage in care. Dr. Kirkegaard also noted that the voluntary enrollment rate was now over 80% of all new clients so that should improve this issue as more patients have made an active choice for a PCP and are more likely to present for care if they have chosen their own PCP versus being assigned.

YHP Provider Recognition Program

Dr. Carrie Nelson described the new YHP Provider Recognition program. YHP tracks several chronic disease measures. Dr. Nelson explained that based on performance relative to the overall YHP participating providers, some providers had exemplary performance on the measures and would be recognized with an award. The providers would also be recognized on the YHP website, mentioned in newsletters and other articles, receive a YHP Recognition Insignia for placement on their own website or print publications and receive a press release for distribution to local media. The first phase of YHP Provider Recognition focuses on diabetes measures and 25 FQHCs and 39 PCPs had met the standards. She indicated that YHP was developing standards for other chronic disease states and would be making awards for performance on those measures over the next 9-10 months. Dr. Nelson noted that the Recognition Standards had been specifically derived from Illinois data due to the abnormally high morbidity of the YHP patient population. An article describing the YHP Provider Recognition Program is included in the Fall 2010 edition of the YHP/IHC Provider Newsletter.

YHP Support to Practices

Dr. Nelson prepared a short list of questions asking for input on ways that YHP can support practices. Due to time limitations, there was not adequate time to fully explore this issue. She asked providers to give her feedback individually through email. Dr. Temporal asked if the YHP client materials could be available electronically so that practices could download them and personalize them so that patients would receive a notice about their chronic disease management but it would be linked to their medical home. Other participants on the call agreed that was a good idea.

Dr. Kirkegaard thanked the subcommittee members for their input. Meeting was adjourned.